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Approved for use through 6/30/98. OMB 0651-0032

Patent and Trademark Office; US DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **DECLARATION FOR** Attorney Docket No. 71486-0061 UTILITY OR DESIGN First Named Inventor Keith D. Foote PATENT APPLICATION COMPLETE IF KNOWN Application No. Declaration Filing Date Declaration submitted with or submitted after Group Art Unit initial filing initial filing Examiner Name As a below named inventor, I hereby declare that: My residence, post office address, and oitizenship are as stated below next to my name. I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MIRROR SYSTEM WITH INTERLOCK ATTACHMENT FOR REFLECTIVE BLEMENT (Title of the Invention) the specification of which is attached hereto __, as United States Application Number or PCT International Application __ and was amended on _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56. I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed Prior Foreign Application Country Foreign Filing Date Certified Copy Attached Number(s) (MM/DD/YY) Not Claimed Additional foreign application numbers are listed on a supplemental priority data about PTO/SB/02B attached horeto: I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below. Application Number (s) Filing Date (MM/DD/YY) Additional provisional application numbers are listed on a supplemental 60/319,688 11/12/03 priority data sheet PTO/SB/02B attached hereto.

Page 1 of 3

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PTO/SB/01 (3-97)
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I hereby claim the benefit and listed below and, insoftr as it by the first paragraph of Title Regulations § 1.55 which become	der Title 35, Unite 12 aubject melter of 135, United States 127, United States	d Stace Code § Ceach of the cis Cede Al 17, Tac	120 of the United	d Slain	s application(s) of any PC s not disclosed in the prior	l interentional appl UnitedStates or PC	ication designating the l T International applicati	פמו מו מס	nes of America matter provised de of Pederal	
U.S Parent Application		PC'	PCT Parent		Parent Filin	Parent Patent Number				
Number		Number		_	(MM/DD/YYYY)		(if applicable)			
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										
and Tradomark Office connected therewith: Costomer Number 20915 Or Registered practitioner(s) name/registration number listed below Label Here										
Name			Registration No.		Name	Registr	Registration No.			
John E. McGarry			22,360 33,356		. Thomas Williams		42,228			
Joel E. Bair Mark A. Davis				M	fiobael F. Kelly	50	50,859			
Mark A. Davis		3	7,118							
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.										
Direct all correspond		Vumber		20915	or Correspondence Address below					
Name	G. Thomas	Thomas Williams, Reg. No. 42,228 cGarry Bair PC								
Address	171 Monro	1 Monroe Avenue, NW, Suite 600								
City, State, Zip		rand Rapids, Michigan 49503								
Country	US	Telephone 616-742-3500 Fax 616-242-101				110				
I hereby declare that all statements made herein of my own knowledge are true and that all addresses made on information and but of an obtion of the function and further that these statements were made with the knowledge their willful false statements and the like so made are punishability fine or imprisonment, or both, under Sestion 1001 of Title 18 of the United States Code and that such willful false statements may jeopardure the validity of the application or any patent issued thereon										
Name of Sole or First Inventor										
Given Name (first and middle [if any])					Family Name or Surname					
Keith D.				7	Foote Foote					
Inventor's Signature Keth			Forte			Г	Dated /////03			
Residence: City Kentwo		od	State MI		Country	US	Citizenshi	Citizenship US		
Post Office Address 1219 Ridgebrook CT										
City	Kentwo		State	MI	Zip	49508	Country	Country US		
Additional inventor hereto.	s are being n	amed on th	esupp	lem	ental additional inv	entor(s) shee	t(s) PTO/SB/02A	attach	ed	

Page 2 of 3

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Please type a plus sign in this box: + PTO/SB/02A (3-97) Approved for use through 6/30/98. OMB 0651-0032 Patent and Trademark Office; US DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OME control number. Name of Inventor A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Ian Boddy Inventor's Signature Dated Residence: City Ada State MI Country US Citizenship UK Post Office Address 3447 Lakeorest Court City Ada State MI Zip 49301 Country US Name of Inventor A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Dated Residence: City State MI Country US Citizenship Post Office Address City State Zip Country Name of Inventor A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Dated Residence: City State Country Citizenship Post Office Address City State Zip Country Name of Inventor A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Dated Residence: City State Country Citizenship Post Office Address City State Zip Country

> Page 3 of 3 G0109596

Family Name or Surname

Name of Inventor

Given Name (first and middle [if any])

A petition has been filed for this unsigned inventor